UNITED STATES DISTRICT COURT for the DISTRICT OF MASSACHUSETTS

	MICH	AELA O. KARLE	
		Plaintiff	
		v.	Civil Action No.: 3:14-CV-30062-MAP
CAPITAL ONE, ET AL.		AL ONE, ET AL.	
		Defendant	

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Chase PO BOX 15298 WILMINGTON, DE 19850 A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiffs attorney, whose name and address are:

Michaela Karle 7 old South St. Northampton, MA 01060

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ROBERT M. FARRELL	
CLERK OF COURT	
/s/ – Mary Finn	
Signature of Clerk or Deputy Clerk	·



ISSUED ON 2014-04-16 10:07:27.0, Clerk USDC DMA

U.S. Department of Justice

United States Marshals Service

PROCESS RECEIPT AND RETURN

USM-285 is a 5-part form. Fill out the form and print/5 copies: Sign as needed and route as specified below.

See "Instructions for Service of Process by U.S. Marshal"

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City, Si City, Si City City	l, company, corporation, etc. named above (See remarks below)						
P.O. Box 15298		egal evidence of service, \square have executed as shown in "Remarks", the process described we on the on the individual, company, corporation, etc. shown at the address inserted below.					
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AT ADDRESS (Street or RFD, Apartment No., City, S		ode)					
SERVE Chase	CATION, ETC.	TO SERVE OF	. DESCRIPT	TION OF PROPERTY TO) SEIZE OR	CONDEMN	
`	Serving of Complaint				CONDEMN		
DEFENDANT	TYPE OF PROCESS						
Michaela Karle	-			3:14-CV-300062	COURT CASE NUMBER 3:14-CV-300062-MAP		
	SERVE Chase ATT NAME OF INDIVIDUAL, COMPANY, CORPOR Chase ADDRESS (Street or RFD, Apartment No., City, S. P.O. Box 15298, Wilmington, DE 1985 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME Michaela Karle 79 Thompson St. Springfield, MA 01109 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WAIL Telephone Numbers, and Estimated Times Available for Service U.S. Postal Scrivice D. GERUITIED MAIL RECEIPT (Potter Information Victory Records Proviced) Redelivery Information Victory Records Proviced Restricted Delivery fee (Endorsement Required) Restricted Delivery fee (Endorsement Required) Total I Chase P.O. Box 15298 Wilmington, DE 19850 Giv, Si Endormes 200 August 2003 FENEVORS Complete only different than shown above) Service Fee Total Mileage Charges Including endeavors) Forwarding Fee Including endeavors)	DEFENDANT Capital One NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. 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Box 15298, Wilmington, DE 19850 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Michaela Karie 79 Thompson St. Spring field, MA 01109 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITIN All Telephone Numbers, and Estimated Times Available for Service): U.S. POSTEI STRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITIN All Telephone Numbers, and Estimated Times Available for Service): U.S. POSTEI STRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITIN All Telephone Numbers, and Estimated Times Available for Service): U.S. POSTEI STRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITIN (GENTIFIED MAIL TO RECEIPT (DOMESTIC M	DEFENDANT Capital One NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. 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- PRINTES CODUES 1. CLERK OF THE COURT
 - 2. USMS RECORD
 - 3. NOTICE OF SERVICE
 - 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

(3)						
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY					
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 	A. Signature PAPA - Agent Addressee					
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received Ringap Werze TR Construct Deliver					
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No					
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Wilmington, DE 1985	3. Service Type ☐ Cortified Mail ☐ Express Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.					
·	4. Restricted Delivery? (Extra Fee)					
2. Article Number 7012 3050 0000 7258 0646 (Transfer from service 4-5) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
PS Form 3811, February 2004 Domestic Retu	ırn Receipt 102595-02-M-1540					